•	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 99,973,128												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								WALL EI		OA	OTHER SMALL		
π	TAL CLAIMS		1817				ſ	RATE	FEE]	PATE	FEE	
ĸ)A		NUMBER FILED .		NUMBER EXTRA		2	asic fee	370.00	ОЯ	BASIC FEE	740.00	
۲	ITAL CHARGEA	BLE CLAIMS	175 minus 202		• Ø		L	X\$ 9=		OR	X\$18=		
	EPENDENT C		3 4 minus 3 c		4		F	X42=		OR	X84=	gg_	
M	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=		
• 11	the difference	Ļ	TOTAL		OR	TOTAL	825/	740					
The CLAIMS AS AMENDED - PART II 15-04 (Cotumn 1) (Cotumn 2) (Cotumn 3)								SMALL I	ENTITY	OR.	OTHER SMALL		
ENDMENTA		CLAMS REMAINING AFTER AMENOMENT		HIGH HUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	. [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	.17	Minus	- 0	Ò	· Ø,		X\$ 9=	入之	OR	X\$18=		
AME	Independent	• 3	Minus	eainear	3	• Ø		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+1404		OF	+280=		
								TOTAL OIT, FEE		OR	TOTAL ADDIT, FEE		·
4	-11-06	(Column 1)		(Colur		(Column 3)	_					-	`
EMT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PŘESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• /7	Minus	• 8	Ő,	- /	Γ	X\$ 9=		OR	X\$18=		
ARE	Independent	• (3 NTATION OF MI	Minus	S		•/	Г	X42-		OR	X84=	•	
	HINS! PRESE	NIATION OF MI	JUIPLE DEF	ENDENI	CLAM	/	T	140=		OR	+280=		
						(AD	TOYAL OIT, FEE		OA	TOTAL ADDIT, FEE		
1	-21-04	(Column 1)		(Colur		(Column 3)					\		
MC		CLAINS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	• /6	Minus	 2	_		I ,	C3 9-	FEE	OR	X\$18=	7	•
AMENDMENT	Independent	• 3	Minus	- 3		• \	┢	X42.			X84=	1	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								$\overline{}$	OR	1		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Without Number Deviates to Bod See Its Talls SOACS is less than 21, enter "20".									OR OR	+280=		`
-	"If the Titghest Number Previously Paid For" IN This SPACE is less than 20, enter "20." The Titghest Number Previously Paid For" IN This SPACE is less than 3, enter "20." The Titghest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	CORRESTORER STATE STATE AND VISION U.S. DEPARTMENT OF COMMERCE												I